



ASC UTILIZATION REPORT

State Form 49933 (R3/6-05)

INDIANA STATE DEPARTMENT OF HEALTH

Acute Care

I. Center Identification

Organization Name			
Street Address			
City		County	
Name of Individual completing report		Email Address of Administrator	
ASC Web Address:		Date of the end of the Fiscal Year:	
Accredited? Yes: ___ No: ___	Name of Accrediting Body	Deemed Status Yes: ___ No: ___	
Corporate Tax Status	For Profit	Nonprofit	

II. Identification of Surgical Resources

A. Number of Operating Rooms

Class A		Class B		Class C	
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B. Employees (Full Time Equivalents) at end of Fiscal Year

	Physician (MD/DO)	Practitioners (Dentists, etc)	RN/LPN	Surgical Tech	Other Employees
Employees					

C. Laboratory Services

Have On Site Laboratory Yes ___ No: ___	Have Off-Site contracted laboratory Yes: ___ No: ___	Name of Contracted Lab
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CLIA Certificate Number	
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Type of CLIA Certificate (*Check One*)

Certificate of Compliance:	Certificate of Accreditation:	Certificate of Waiver:	Certificate for Provider Microscopy Procedures :
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# of Patients with no medical problems (Class 1)	# of Mild Systemic Disease (Class 2)	# of Severe Systemic Disease (Class 3)	# of Disease Threatening Life (Class 4)	

IV. Outcomes from Surgical Procedures

A. Number of Patient Transfers to Inpatient Facilities

STABLE TRANSFERS	NUMBER OF TRANSFERS	UNSTABLE TRANSFERS	NUMBER OF TRANSFERS
Additional Intervention Therapy		Additional Intervention Therapy	
Antibiotic Therapy		Anaphylactic Reaction	
Bleeding		Angioplasty PTCA Procedure	
EKG Changes		Breathing Difficulties Respiratory Distress	
Nausea - Vomiting		CABG CV Surgery	
Observation		Chest Pain	
Pain Control		EKG Changes	
IV Therapy		Seizures	
Planned Referral and Transfer		Unstable Medical Condition	
Total Stable Transfers		Total Unstable Transfers	

B. Other Outcomes

	Number	% of Cases
Number of Patients with a Post-Surgical Wound Infection within 30 days following a surgical encounter		
Number Of Patient Deaths Occurring in the Center		
Number of patients who stayed in the ASC greater than 24 hours:	_____ patients	